

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 13, 2025

[REDACTED]
CSH EXTON LESSEE LLC
[REDACTED]

Second Floor
[REDACTED]

RE: ARBOR TERRACE EXTON
100 OAKLANDS BOULEVARD
EXTON, PA, 19341
LICENSE/COC#: 14793

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/18/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ARBOR TERRACE EXTON **License #:** 14793 **License Expiration:** 07/27/2025
Address: 100 OAKLANDS BOULEVARD, EXTON, PA 19341
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: CSH EXTON LESSEE LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 108 **Waking Staff:** 81

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 02/18/2025

Inspection Dates and Department Representative

02/18/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 99 **Residents Served:** 81

Secured Dementia Care Unit

In Home: Yes **Area:** 1st **Capacity:** 32 **Residents Served:** 27

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 81
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 27 **Have Physical Disability:** 2

Inspections / Reviews

02/18/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/02/2025

03/03/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/11/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/13/2025

Inspections / Reviews *(continued)*

03/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff A, Direct Care Staff, hired on [REDACTED] lives outside of the state of Pennsylvania and a FBI check was not requested by the date of hire.

Staff A, hired on [REDACTED] did not have a completed PA State Criminal Background Check.

Plan of Correction

Accept [REDACTED] - 03/03/2025)

Staff Person A is no longer employed by the community. Staff person A resided outside of PA and the PA Crim Check was determined as an error in the background check vendor package set for the community. Effective 2/24/2025 the criminal background check vendor has corrected the background check package to include a PA Patch check regardless of state residency to ensure compliance with 2600.51. Effective immediately, a checklist will be completed by the Business Office Director prior to employee start date to ensure that documentation is compliant with 2600.51. An audit of current employee records will be completed by the Business Office Director by 3/7/2025 to ensure compliance with 2600.51. Beginning 3/1/2025 The Executive Director will be complete an audit monthly of all new hires for 3 months or until compliance achieved.

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented [REDACTED] - 03/13/2025)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] had a behavior change with increased agitation. The assessment, dated [REDACTED], noted the change to a moderate problem with no indication of the resident's needs or service plan. These sections are blank and indicate "n/a".

Plan of Correction

Accept [REDACTED] - 03/03/2025)

Resident [REDACTED] no longer resides at the community. Resident [REDACTED] assessment was corrected at the time of inspection. Effective 3/1/2025 the Executive Director/designee will complete an audit monthly of at a minimum 10% of resident RASPs for compliance with 2600.225c(2). Audit results will be maintained by the Executive Director and compliance will be reported at the quarterly QI meeting.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented [REDACTED] - 03/13/2025)